

| | | | |
|--|--|--|--|
| PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | | Patent Number 6,919,515 | |
| | | Issue Date July 19, 2005 | |
| | | First Named Inventor Blackshear | |
| | | Title STRESS ACCOMMODATION IN ELECTRONIC DEVICE | |
| | | Attorney Docket No. TIPI 3.0-016 CON | |

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.
 OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

38091

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number | Practitioner(s) Name | Registration Number |
|----------------------|---------------------|----------------------|---------------------|
| | | | |

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number.
 OR
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

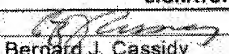
Address

| | | |
|---------|-----------|-------|
| City | State | Zip |
| Country | Telephone | Email |

I am the:

☐ Inventor, having ownership of the patent.
 OR
☒ Patent owner.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

| | |
|--|-----------------|
| Signature  | Date 1.15.10 |
| Name Bernard J. Cassidy | Telephone |
| Title and Company Director and Secretary, Tessera Intellectual Properties, Inc. | |

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.